

APPLICATION FOR ADMISSIONS REPRESENTATIVE'S LICENSE

The fee for Admissions Representative's License is \$600. Please visit:

<https://www.education.pa.gov/Postsecondary-Adult/CollegeCareer/pls/PaymentOptions/Pages/default.aspx>

for information on submitting online payment. Email your completed form along with proof of payment to RA-PLS@pa.gov.

PLEASE TYPE OR PRINT LEGIBLY

Date

School AUN 4-

School

Address

Sales Office Address

County

Applicant Name

Date of Birth (Month/Day/Year)

Applicant Address

City

State

Zip Code

Amount of Payment

Transaction Number

CERTIFICATION BY THE APPLICANT

I hereby certify that I have received and read a copy of Act 174 of 1986 and the Regulations of the State Board of Private Licensed Schools that applies to Licensed Registered Agents. I will comply with that Act and Regulations.

I will represent this school to prospective students free of misrepresentations and fraud. I will provide identification with this license when requested. If my services are terminated for whatever reason, I will return my license to the school.

Signature of the Applicant

Date

CERTIFICATION BY THE EMPLOYING SCHOOL

I CERTIFY THAT THE SCHOOL WILL EMPLOY THIS INDIVIDUAL AS A LICENSED AGENT TO SIGN PROSPECTIVE STUDENTS TO A CONTRACT AND COLLECT THE REGISTRATION FEE AND/OR TUITION FROM THE STUDENT OFF THE PREMISES OF THE SCHOOL. THE SCHOOL WILL BE RESPONSIBLE FOR THE ACTIONS OF THIS INDIVIDUAL WHEN REPRESENTING THE SCHOOL AS A LICENSED AGENT.

NAME OF DIRECTOR OR CHIEF EXECUTIVE OFFICER
(TYPE OR PRINT)

SIGNATURE OF DIRECTOR OR CHIEF EXECUTIVE OFFICER

DATE

For PLS Office Only

Current License Expiration Date

Current License Renewal Date

New License Expiration Date